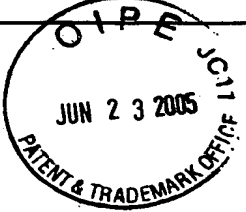


CRW AF

PTO/SB/22-(08-03)

Approved for use through 7/31/2006. OMB-0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) 9161.018.00	
		In re Application of Stanford W. Crane, Jr. et al.	
		Application Number 10/073,963 - Conf. #8319	Filed February 14, 2002
		For: HIGH PERFORMANCE OPTOELECTRONIC PACKAGING ASSEMBLY	
		Art Unit 2874	Examiner Michael J. Stahl

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

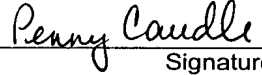
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | | |
|-------------------------------------|----------------------------------|----|---------|
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ | |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ | |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ | 1020.00 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ | |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ | |

- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 510.00 .
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 50-0911 .

I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ attorney or agent of record. Registration Number _____
- ☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 46,607

June 23, 2005	
Date	Signature
(202) 496-7500	Penny L. Caudle
Telephone Number	Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

<input type="checkbox"/>	Total of 1 forms are submitted.
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